

FILED UNDER SEAL

Exhibit B

DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
7500 SECURITY BOULEVARD
BALTIMORE, MARYLAND 21244-1850



CENTER FOR MEDICARE

February 22, 2024

Reconsideration Determination for H2593

Dear Ms. Turano,

Elevance Health's contract H2593 requested an administrative reconsideration of its 2025 Quality Bonus Payment (QBP) determination. The request was based on the 2024 Star Ratings for the Overall Rating and Call Center – Foreign Language Interpreter and TTY Availability (D01) measure. I reviewed the QBP determination, the evidence and findings upon which the initial determination was based, and the additional information your organization submitted. As a result of my review, CMS will update the QBP rating for H2593 to 3 stars. **This reconsideration decision is final and binding unless a request for an informal hearing is filed in accordance with the instructions provided in this reconsideration decision notice.**

With respect to call number C1201004, I have no decision to make because H2593 already has a 5 Star Rating for C30, the measure into which this specific call factors. There is no possible change to this Star Rating, so I have no decision to render. With respect to call number D2000386, I have determined that the call should be removed from the results. In this call, "the chat window closed unexpectedly while waiting on the live screen." I do not find that CMS has demonstrated that the reason for this closure could be associated with the 711 relay service. With no clearly identified failure by Elevance's selected service, I cannot attribute the failure to Elevance. This would then make the score for D01 a 100% success rate, which merits a 5 Star Rating on D01. This decision renders the issue of cut points for D01 moot and I render no decision on that issue.

The administrative review process is a two-step process that includes a request for reconsideration and a request for an informal hearing on the record. This notice of the contract's reconsideration determination concludes the first step of the administrative review process. If your organization is dissatisfied with this reconsideration decision, the contract may request an informal hearing on the record to be conducted by a hearing officer designated by CMS.

The informal hearing request must pertain only to the measures and values in question that precipitated the request for reconsideration, in this case 2024 Star Ratings for the Overall Rating and Call Center – Foreign Language Interpreter and TTY Availability (D01) measure. The request must include a statement that describes the error(s) the contract asserts CMS made in its QBP determination and how correction of those errors could result in the

organization's qualification for a higher QBP. In making the request your organization must provide clear and convincing evidence that this reconsideration determination is incorrect. The burden is on the MA organization to prove an error was made in the calculation of its QBP. The hearing officer's decision will be final and binding on both the MA organization and CMS.

In the event that the hearing officer finds that your organization's QBP determination was incorrect, CMS will be obligated to recalculate the organization's QBP status based on that finding. The recalculation could cause your organization's QBP to become higher *or lower*. In some instances, the recalculation of the measures may not cause the Star Rating to rise above the cut off for the higher QBP Star Rating.

Pursuant to the MA organization's agreement with CMS, the deadline for providing written notice requesting an informal hearing under 42 C.F.R. § 422.260(c)(2) is five business days from the issuance of this reconsideration decision, not ten days. Request for an informal hearing on the record regarding the 2025 QBP determination is made by completing the Attachment, "Request for an Informal Hearing," and e-mailing the completed form and supporting documentation to QBPAPPEALS@cms.hhs.gov by **5:00 p.m. EST on February 29, 2024. A request for an informal hearing must be submitted by the date and time above or this reconsideration decision is final and binding.** Please ensure you receive confirmation from the mailbox that your request was received.

Any questions regarding this decision may be submitted to QBPAPPEALS@cms.hhs.gov.

Sincerely,

Jeffrey Grant -S Digitally signed by Jeffrey Grant -S
Date: 2024.02.22 16:43:20 -05'00'

Jeff Grant, CMS Reconsideration Official
Deputy Director for Operations
Center for Consumer Information and Insurance Oversight

Attachment: Request for an Informal Hearing

Attachment B - Request for Informal Hearing

Note: The QBP administrative review process is a two-step process which includes: 1) a request for reconsideration, and 2) a request for an informal hearing after CMS has rendered its reconsideration decision. Both steps are conducted at the contract level. The burden is on the MA organization to prove that the reconsideration decision was incorrect.

Instructions: Use only the "Request for Informal Hearing" form provided with the reconsideration decision. One form must be submitted for each contract for which reconsideration is requested. Complete the identifiable information including all contact information. Please enable Macros in this form. Mark an "X" next to the measure(s) that is the basis for the Request for Informal Hearing. Do not mark any measures for which you did not request a reconsideration. Please attach full documentation that supports your request for an informal hearing on the record. Save the information, include your contract number in the filename, and e-mail the completed form along with any additional documentary evidence to be considered to QBPAPPEALS@cms.hhs.gov by the due date.

Due Date: A Request for Informal Hearing is made by completing this form and e-mailing the form to QBPAPPEALS@cms.hhs.gov by 5:00 p.m. EST on **February 29, 2024**. No late requests will be accepted.

| | |
|---|-----------------------|
| Contract Number (5 character CMS assigned code): | |
| Contact First Name (your first name): | |
| Contact Last Name (your last name): | |
| Contact Title (your job title): | |
| Contact Phone Number (your phone number, include extension if necessary): | |
| Contact email address (your email address): | |
| Overall Rating | Star Ratings |
| Request for Reconsideration | |
| Misclassification | |
| Incorrect Data | |
| Not Appealable | |
| Description of the Issue (Please enter as much text as necessary to describe the reason you believe there was a Miscalculation and/or that Incorrect data were used) | |
| Request for Reconsideration | |
| Misclassification | |
| Incorrect Data | |
| Not Appealable | |
| Description of the Issue (Please enter as much text as necessary to describe the reason you believe there was a Miscalculation and/or that Incorrect data were used) | |
| Part C Measures | Data Source |
| C01-Breast Cancer Screening | HEDIS |
| C02-Colorectal Cancer Screening | HEDIS |
| C03-Annual Flu Vaccine | CAHPS |
| C04-Monitoring Physical Activity | HEDIS / HOS |
| C05-Special Needs Plan (SNP) Care Management | Part C Plan Reporting |
| C06-Care for Older Adults – Medication Review | HEDIS |
| C07-Care for Older Adults – Pain Assessment | HEDIS |
| C08-Osteoporosis Management in Women who had a Fracture | HEDIS |
| C09-Diabetes Care – Eye Exam | HEDIS |
| C10-Diabetes Care – Blood Sugar Controlled | HEDIS |
| C11-Controlling Blood Pressure | HEDIS |
| C12-Reducing the Risk of Falling | HEDIS / HOS |
| C13-Improving Bladder Control | HEDIS / HOS |
| C14-Medication Reconciliation Post-Discharge | HEDIS |
| C15-Plan All-Cause Readmissions | HEDIS |
| C16-Statin Therapy for Patients with Cardiovascular Disease | HEDIS |
| C17-Transitions of Care | HEDIS |
| C18-Follow-up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions | HEDIS |
| C19-Getting Needed Care | CAHPS |
| C20-Getting Appointments and Care Quickly | CAHPS |
| C21-Customer Service | CAHPS |
| C22-Rating of Health Care Quality | CAHPS |
| C23-Rating of Health Plan | CAHPS |
| C24-Care Coordination | CAHPS |
| C25-Complaints about the Health Plan | CTM |
| C26-Members Choosing to Leave the Plan | MBDSS |
| C27-Health Plan Quality Improvement | Star Ratings |
| C28-Plan Makes Timely Decisions about Appeals | IRE |
| C29-Reviewing Appeals Decisions | IRE |
| C30-Call Center – Foreign Language Interpreter and TTY Availability | Call Center |

| Part D Measures | Data Source | Request for Reconsideration | | Description of the Issue (Please enter as much text as necessary to describe the reason you believe there was a Miscalculation and/or that incorrect data were used) |
|--|-----------------------|-----------------------------|----------------|---|
| | | Miscalculation | Incorrect Data | |
| D01-Call Center – Foreign Language Interpreter and TTY Availability | Call Center | | | |
| D02-Complaints about the Drug Plan | CTM | Not Applicable | Not Applicable | Not appealable, use Part C measure C25 above. |
| D03-Members Choosing to Leave the Plan | MBDSS | Not Applicable | Not Applicable | Not appealable, use Part C measure C26 above. |
| D04-Drug Plan Quality Improvement | Star Ratings | | Not Appealable | |
| D05-Rating of Drug Plan | CAHPS | | Not Appealable | |
| D06-Getting Needed Prescription Drugs | CAHPS | | Not Appealable | |
| D07-MPF Price Accuracy | PDE, MPF Pricing | | Not Appealable | |
| D08-Medication Adherence for Diabetes Medications | PDE | | Not Appealable | |
| D09-Medication Adherence for Hypertension (RAS antagonists) | PDE | | Not Appealable | |
| D10-Medication Adherence for Cholesterol (Statins) | PDE | | Not Appealable | |
| D11-MTM Program Completion Rate for CMR | Part D Plan Reporting | | Not Appealable | |
| D12-Statin Use in Persons with Diabetes (SUPD) | PDE data | | Not Appealable | |
| Additional Comments (Please provide any additional information relevant to your request) | | | | |

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1129 and form number CMS-10346 (Expires: 8/31/2024). The time required to complete this information collection is estimated to average 8 hours, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C-1-25-05, Baltimore, Maryland 21244-1850.

From: [CMS QBPAPPEALS](#)
To: [Medicare CO](#)
Cc: [Turano, Michelle](#); [Knodel, Sarah](#); [SHamilton@reedsmith.com](#); [LParkin@reedsmith.com](#); [LReynolds@reedsmith.com](#); [Galle, Robert C.](#); [Dewane, Jennifer](#); [Pick, Keith](#)
Subject: RE: H4036 - Reconsideration Submission
Date: Thursday, February 22, 2024 4:54:00 PM
Attachments: [Attachment-Informal Hearing Form 2025 2.xlsm](#)
[image001.png](#)
[QBP Decision Letter Elevance Health- H4036.pdf](#)

Attached please see information related to your Request for Reconsideration.

From: Medicare CO MedicareCO@anthem.com
Sent: Friday, November 17, 2023 2:32 PM
To: CMS QBPAPPEALS QBPAPPEALS@cms.hhs.gov
Cc: Medicare CO <MedicareCO@anthem.com>; Turano, Michelle <michelle.turano@elevancehealth.com>; Knodel, Sarah <sarah.knodel@elevancehealth.com>; SHamilton@reedsmith.com; LParkin@reedsmith.com; LReynolds@reedsmith.com; Galle, Robert C. <robert.galle@elevancehealth.com>; Dewane, Jennifer <Jennifer.Dewane@elevancehealth.com>; Pick, Keith <keith.pick2@elevancehealth.com>
Subject: H4036 - Reconsideration Submission

Good Afternoon,

Pursuant to 42 C.F.R. § 422.260, Elevance Health seeks reconsideration of the Star ratings and quality bonus payment determinations of the above-referenced contract. In support of this request, attached hereto is the Reconsideration Form and supporting evidence. We kindly ask that you confirm receipt of this submission via response email.

Thank you.



Michelle Turano

Vice President, Compliance - Government Business Division
Medicare & Medicaid Compliance Officer
5411 Sky Center Dr., Tampa, Florida 33607
Phone: 813-295-1367
Michelle.turano@elevancehealth.com

You can confidentially report a compliance issue by calling the Helpline at 877-725-2702.

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DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
7500 SECURITY BOULEVARD
BALTIMORE, MARYLAND 21244-1850



CENTER FOR MEDICARE

February 22, 2024

Reconsideration Determination for H4036

Dear Ms. Turano,

Elevance Health's contract H4036 requested an administrative reconsideration of its 2025 Quality Bonus Payment (QBP) determination. The request was based on the 2024 Star Ratings for the Overall Rating and Call Center – Foreign Language Interpreter and TTY Availability (D01) measure. I reviewed the QBP determination, the evidence and findings upon which the initial determination was based, and the additional information your organization submitted. As a result of my review, CMS will update the QBP rating for H4036 to 4 stars. **This reconsideration decision is final and binding unless a request for an informal hearing is filed in accordance with the instructions provided in this reconsideration decision notice.**

With respect to call number C1201004, I have no decision to make because H4036 already has a 5 Star Rating for C30, the measure into which this specific call factors. There is no possible change to this Star Rating, so I have no decision to render. With respect to call number D2000386, I have determined that the call should be removed from the results. In this call, "the chat window closed unexpectedly while waiting on the live screen." I do not find that CMS has demonstrated that the reason for this closure could be associated with the 711 relay service. With no clearly identified failure by Elevance's selected service, I cannot attribute the failure to Elevance. This would then make the score for D01 a 100% success rate, which merits a 5 Star Rating on D01. This decision renders the issue of cut points for D01 moot and I render no decision on that issue.

The administrative review process is a two-step process that includes a request for reconsideration and a request for an informal hearing on the record. This notice of the contract's reconsideration determination concludes the first step of the administrative review process. If your organization is dissatisfied with this reconsideration decision, the contract may request an informal hearing on the record to be conducted by a hearing officer designated by CMS.

The informal hearing request must pertain only to the measures and values in question that precipitated the request for reconsideration, in this case 2024 Star Ratings for the Overall Rating and Call Center – Foreign Language Interpreter and TTY Availability (D01) measure. The request must include a statement that describes the error(s) the contract asserts CMS made in its QBP determination and how correction of those errors could result in the organization's qualification for a higher QBP. In making the request your organization must

provide clear and convincing evidence that this reconsideration determination is incorrect. The burden is on the MA organization to prove an error was made in the calculation of its QBP. The hearing officer's decision will be final and binding on both the MA organization and CMS.

In the event that the hearing officer finds that your organization's QBP determination was incorrect, CMS will be obligated to recalculate the organization's QBP status based on that finding. The recalculation could cause your organization's QBP to become higher *or lower*. In some instances, the recalculation of the measures may not cause the Star Rating to rise above the cut off for the higher QBP Star Rating.

Pursuant to the MA organization's agreement with CMS, the deadline for providing written notice requesting an informal hearing under 42 C.F.R. § 422.260(c)(2) is five business days from the issuance of this reconsideration decision, not ten days. Request for an informal hearing on the record regarding the 2025 QBP determination is made by completing the Attachment, "Request for an Informal Hearing," and e-mailing the completed form and supporting documentation to QBPAPPEALS@cms.hhs.gov by **5:00 p.m. EST on February 29, 2024. A request for an informal hearing must be submitted by the date and time above or this reconsideration decision is final and binding.** Please ensure you receive confirmation from the mailbox that your request was received.

Any questions regarding this decision may be submitted to QBPAPPEALS@cms.hhs.gov.

Sincerely,

Jeffrey Grant -S Digitally signed by Jeffrey Grant -S
Date: 2024.02.22 13:39:10 -05'00'

Jeff Grant, CMS Reconsideration Official
Deputy Director for Operations
Center for Consumer Information and Insurance Oversight

Attachment: Request for an Informal Hearing

Attachment B - Request for Informal Hearing

Note: The QBP administrative review process is a two-step process which includes: 1) a request for reconsideration, and 2) a request for an informal hearing after CMS has rendered its reconsideration decision. Both steps are conducted at the contract level. The burden is on the MA organization to prove that the reconsideration decision was incorrect.

Instructions: Use only the "Request for Informal Hearing" form provided with the reconsideration decision. One form must be submitted for each contract for which reconsideration is requested. Complete the identifiable information including all contact information. Please enable Macros in this form. Mark an "X" next to the measure(s) that is the basis for the Request for Informal Hearing. Do not mark any measures for which you did not request a reconsideration. Please attach full documentation that supports your request for an informal hearing on the record. Save the information, include your contract number in the filename, and e-mail the completed form along with any additional documentary evidence to be considered to QBPAPPEALS@cms.hhs.gov by the due date.

Due Date: A Request for Informal Hearing is made by completing this form and e-mailing the form to QBPAPPEALS@cms.hhs.gov by 5:00 p.m. EST on **February 29, 2024**. No late requests will be accepted.

| | | | | | | | | | | | |
|--|--|---------------------------------------|--|-------------------------------------|--|---------------------------------|--|---|--|---|--|
| Contract Number (5 character CMS assigned code): | | Contact First Name (your first name): | | Contact Last Name (your last name): | | Contact Title (your job title): | | Contact Phone Number (your phone number, include extension if necessary): | | Contact email address (your email address): | |
| Overall Rating | | Data Source | | Request for Reconsideration | | Description of the Issue | | | | | |
| QBP/Overall Rating | | Star Ratings | | Miscalculation | | Incorrect Data | | Not Appealable | | (Please enter as much text as necessary to describe the reason you believe there was a Miscalculation and/or that Incorrect data were used) | |
| Part C Measures | | Data Source | | Request for Reconsideration | | Description of the Issue | | | | | |
| C01-Breast Cancer Screening | | HEDIS | | Miscalculation | | Incorrect Data | | Not Appealable | | (Please enter as much text as necessary to describe the reason you believe there was a Miscalculation and/or that Incorrect data were used) | |
| C02-Colorectal Cancer Screening | | HEDIS | | | | | | Not Appealable | | | |
| C03-Annual Flu Vaccine | | CAHPS | | | | | | Not Appealable | | | |
| C04-Monitoring Physical Activity | | HEDIS / HOS | | | | | | Not Appealable | | | |
| C05-Special Needs Plan (SNP) Care Management | | Part C Plan Reporting | | | | | | Not Appealable | | | |
| C06-Care for Older Adults – Medication Review | | HEDIS | | | | | | Not Appealable | | | |
| C07-Care for Older Adults – Pain Assessment | | HEDIS | | | | | | Not Appealable | | | |
| C08-Osteoporosis Management in Women who had a Fracture | | HEDIS | | | | | | Not Appealable | | | |
| C09-Diabetes Care – Eye Exam | | HEDIS | | | | | | Not Appealable | | | |
| C10-Diabetes Care – Blood Sugar Controlled | | HEDIS | | | | | | Not Appealable | | | |
| C11-Controlling Blood Pressure | | HEDIS | | | | | | Not Appealable | | | |
| C12-Reducing the Risk of Falling | | HEDIS / HOS | | | | | | Not Appealable | | | |
| C13-Improving Bladder Control | | HEDIS / HOS | | | | | | Not Appealable | | | |
| C14-Medication Reconciliation Post-Discharge | | HEDIS | | | | | | Not Appealable | | | |
| C15-Plan All-Cause Readmissions | | HEDIS | | | | | | Not Appealable | | | |
| C16-Statins Therapy for Patients with Cardiovascular Disease | | HEDIS | | | | | | Not Appealable | | | |
| C17-Transitions of Care | | HEDIS | | | | | | Not Appealable | | | |
| C18-Follow-up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions | | HEDIS | | | | | | Not Appealable | | | |
| C19-Getting Needed Care | | CAHPS | | | | | | Not Appealable | | | |
| C20-Getting Appointments and Care Quickly | | CAHPS | | | | | | Not Appealable | | | |
| C21-Customer Service | | CAHPS | | | | | | Not Appealable | | | |
| C22-Rating of Health Care Quality | | CAHPS | | | | | | Not Appealable | | | |
| C23-Rating of Health Plan | | CAHPS | | | | | | Not Appealable | | | |
| C24-Care Coordination | | CAHPS | | | | | | Not Appealable | | | |
| C25-Complaints about the Health Plan | | CTM | | | | | | Not Appealable | | | |
| C26-Members Choosing to Leave the Plan | | MBDSS | | | | | | Not Appealable | | | |
| C27-Health Plan Quality Improvement | | Star Ratings | | | | | | Not Appealable | | | |
| C28-Plan Makes Timely Decisions about Appeals | | IRE | | | | | | | | | |
| C29-Reviewing Appeals Decisions | | IRE | | | | | | | | | |
| C30-Call Center – Foreign Language Interpreter and TTY Availability | | Call Center | | | | | | | | | |

| Part D Measures | Data Source | Request for Reconsideration | | Description of the Issue (Please enter as much text as necessary to describe the reason you believe there was a Miscalculation and/or that incorrect data were used) |
|--|-----------------------|-----------------------------|----------------|---|
| | | Miscalculation | Incorrect Data | |
| D01-Call Center – Foreign Language Interpreter and TTY Availability | Call Center | | | |
| D02-Complaints about the Drug Plan | CTM | Not Applicable | Not Applicable | Not appealable, use Part C measure C25 above. |
| D03-Members Choosing to Leave the Plan | MBDSS | Not Applicable | Not Applicable | Not appealable, use Part C measure C26 above. |
| D04-Drug Plan Quality Improvement | Star Ratings | | Not Appealable | |
| D05-Rating of Drug Plan | CAHPS | | Not Appealable | |
| D06-Getting Needed Prescription Drugs | CAHPS | | Not Appealable | |
| D07-MPF Price Accuracy | PDE, MPF Pricing | | Not Appealable | |
| D08-Medication Adherence for Diabetes Medications | PDE | | Not Appealable | |
| D09-Medication Adherence for Hypertension (RAS antagonists) | PDE | | Not Appealable | |
| D10-Medication Adherence for Cholesterol (Statins) | PDE | | Not Appealable | |
| D11-MTM Program Completion Rate for CMR | Part D Plan Reporting | | Not Appealable | |
| D12-Statin Use in Persons with Diabetes (SUPD) | PDE data | | Not Appealable | |
| Additional Comments (Please provide any additional information relevant to your request) | | | | |

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1129 and form number CMS-10346 (Expires: 8/31/2024). The time required to complete this information collection is estimated to average 8 hours, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C-1-25-05, Baltimore, Maryland 21244-1850.

From: [CMS QBPAPPEALS](#)
To: [Medicare CO](#)
Cc: [Turano, Michelle](#); [Knodel, Sarah](#); [SHamilton@reedsmith.com](#); [LParkin@reedsmith.com](#); [LReynolds@reedsmith.com](#); [Galle, Robert C.](#); [Dewane, Jennifer](#); [Pick, Keith](#)
Subject: RE: H5431 - Request for Reconsideration
Date: Thursday, February 22, 2024 4:53:00 PM
Attachments: [Attachment-Informal Hearing Form 2025 2.xlsm](#)
[image001.png](#)
[QBP Decision Letter Elevance Health- H5431.pdf](#)

Attached please see information related to your Request for Reconsideration.

From: Medicare CO <MedicareCO@anthem.com>
Sent: Friday, November 17, 2023 2:38 PM
To: CMS QBPAPPEALS <QBPAPPEALS@cms.hhs.gov>
Cc: Medicare CO <MedicareCO@anthem.com>; Turano, Michelle <michelle.turano@elevancehealth.com>; Knodel, Sarah <sarah.knodel@elevancehealth.com>; SHamilton@reedsmith.com; LParkin@reedsmith.com; LReynolds@reedsmith.com; Galle, Robert C. <robert.galle@elevancehealth.com>; Dewane, Jennifer <Jennifer.Dewane@elevancehealth.com>; Pick, Keith <keith.pick2@elevancehealth.com>
Subject: H5431 - Request for Reconsideration

Good Afternoon,

Pursuant to 42 C.F.R. § 422.260, Elevance Health seeks reconsideration of the Star ratings and quality bonus payment determinations of the above-referenced contract. In support of this request, attached hereto is the Reconsideration Form and supporting evidence. We kindly ask that you confirm receipt of this submission via response email.

Thank you.



Michelle Turano

Vice President, Compliance - Government Business Division
Medicare & Medicaid Compliance Officer
5411 Sky Center Dr., Tampa, Florida 33607
Phone: 813-295-1367
Michelle.turano@elevancehealth.com

You can confidentially report a compliance issue by calling the Helpline at 877-725-2702.

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DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
7500 SECURITY BOULEVARD
BALTIMORE, MARYLAND 21244-1850



CENTER FOR MEDICARE

February 22, 2024

Reconsideration Determination for H5431

Dear Ms. Turano,

Elevance Health's contract H5431 requested an administrative reconsideration of its 2025 Quality Bonus Payment (QBP) determination. The request was based on the 2024 Star Ratings for the Overall Rating and Call Center – Foreign Language Interpreter and TTY Availability (D01) measure. I reviewed the QBP determination, the evidence and findings upon which the initial determination was based, and the additional information your organization submitted. As a result of my review, CMS will update the QBP rating for H5431 to 5 stars. **This reconsideration decision is final and binding unless a request for an informal hearing is filed in accordance with the instructions provided in this reconsideration decision notice.**

With respect to call number C1201004, I have no decision to make because H5431 already has a 5 Star Rating for C30, the measure into which this specific call factors. There is no possible change to this Star Rating, so I have no decision to render. With respect to call number D2000386, I have determined that the call should be removed from the results. In this call, "the chat window closed unexpectedly while waiting on the live screen." I do not find that CMS has demonstrated that the reason for this closure could be associated with the 711 relay service. With no clearly identified failure by Elevance's selected service, I cannot attribute the failure to Elevance. This would then make the score for D01 a 100% success rate, which merits a 5 Star Rating on D01. This decision renders the issue of cut points for D01 moot and I render no decision on that issue.

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The informal hearing request must pertain only to the measures and values in question that precipitated the request for reconsideration, in this case 2024 Star Ratings for the Overall Rating and Call Center – Foreign Language Interpreter and TTY Availability (D01) measure. The request must include a statement that describes the error(s) the contract asserts CMS made in its QBP determination and how correction of those errors could result in the organization's qualification for a higher QBP. In making the request your organization must

provide clear and convincing evidence that this reconsideration determination is incorrect. The burden is on the MA organization to prove an error was made in the calculation of its QBP. The hearing officer's decision will be final and binding on both the MA organization and CMS.

In the event that the hearing officer finds that your organization's QBP determination was incorrect, CMS will be obligated to recalculate the organization's QBP status based on that finding. The recalculation could cause your organization's QBP to become higher *or lower*. In some instances, the recalculation of the measures may not cause the Star Rating to rise above the cut off for the higher QBP Star Rating.

Pursuant to the MA organization's agreement with CMS, the deadline for providing written notice requesting an informal hearing under 42 C.F.R. § 422.260(c)(2) is five business days from the issuance of this reconsideration decision, not ten days. Request for an informal hearing on the record regarding the 2025 QBP determination is made by completing the Attachment, "Request for an Informal Hearing," and e-mailing the completed form and supporting documentation to QBPAPPEALS@cms.hhs.gov by **5:00 p.m. EST on February 29, 2024. A request for an informal hearing must be submitted by the date and time above or this reconsideration decision is final and binding.** Please ensure you receive confirmation from the mailbox that your request was received.

Any questions regarding this decision may be submitted to QBPAPPEALS@cms.hhs.gov.

Sincerely,

Jeffrey Grant -S

Digitally signed by Jeffrey Grant -
S
Date: 2024.02.22 13:59:34 -05'00'

Jeff Grant, CMS Reconsideration Official
Deputy Director for Operations
Center for Consumer Information and Insurance Oversight

Attachment: Request for an Informal Hearing

Attachment B - Request for Informal Hearing

Note: The QBP administrative review process is a two-step process which includes: 1) a request for reconsideration, and 2) a request for an informal hearing after CMS has rendered its reconsideration decision. Both steps are conducted at the contract level. The burden is on the MA organization to prove that the reconsideration decision was incorrect.

Instructions: Use only the "Request for Informal Hearing" form provided with the reconsideration decision. One form must be submitted for each contract for which reconsideration is requested. Complete the identifiable information including all contact information. Please enable Macros in this form. Mark an "X" next to the measure(s) that is the basis for the Request for Informal Hearing. Do not mark any measures for which you did not request a reconsideration. Please attach full documentation that supports your request for an informal hearing on the record. Save the information, include your contract number in the filename, and e-mail the completed form along with any additional documentary evidence to be considered to QBPAPPEALS@cms.hhs.gov by the due date.

Due Date: A Request for Informal Hearing is made by completing this form and e-mailing the form to QBPAPPEALS@cms.hhs.gov by 5:00 p.m. EST on **February 29, 2024**. No late requests will be accepted.

| | |
|--|--|
| Contract Number (5 character CMS assigned code): | |
| Contact First Name (your first name): | |
| Contact Last Name (your last name): | |
| Contact Title (your job title): | |
| Contact Phone Number (your phone number, include extension if necessary): | |
| Contact email address (your email address): | |
| Overall Rating | |
| Star Ratings | |
| Request for Reconsideration | |
| Misescalation | |
| Incorrect Data | |
| Not Appealable | |
| Description of the Issue (Please enter as much text as necessary to describe the reason you believe there was a Misescalation and/or that Incorrect data were used) | |
| Request for Reconsideration | |
| Misescalation | |
| Incorrect Data | |
| Not Appealable | |
| Description of the Issue (Please enter as much text as necessary to describe the reason you believe there was a Misescalation and/or that Incorrect data were used) | |
| Part C Measures | |
| C01-Breast Cancer Screening | |
| C02-Colorectal Cancer Screening | |
| C03-Annual Flu Vaccine | |
| C04-Monitoring Physical Activity | |
| C05-Special Needs Plan (SNP) Care Management | |
| C06-Care for Older Adults – Medication Review | |
| C07-Care for Older Adults – Pain Assessment | |
| C08-Osteoporosis Management in Women who had a Fracture | |
| C09-Diabetes Care – Eye Exam | |
| C10-Diabetes Care – Blood Sugar Controlled | |
| C11-Controlling Blood Pressure | |
| C12-Reducing the Risk of Falling | |
| C13-Improving Bladder Control | |
| C14-Medication Reconciliation Post-Discharge | |
| C15-Plan All-Cause Readmissions | |
| C16-Statins Therapy for Patients with Cardiovascular Disease | |
| C17-Transitions of Care | |
| C18-Follow-up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions | |
| C19-Getting Needed Care | |
| C20-Getting Appointments and Care Quickly | |
| C21-Customer Service | |
| C22-Rating of Health Care Quality | |
| C23-Rating of Health Plan | |
| C24-Care Coordination | |
| C25-Complaints about the Health Plan | |
| C26-Members Choosing to Leave the Plan | |
| C27-Health Plan Quality Improvement | |
| C28-Plan Makes Timely Decisions about Appeals | |
| C29-Reviewing Appeals Decisions | |
| C30-Call Center – Foreign Language Interpreter and TTY Availability | |

| Part D Measures | Data Source | Request for Reconsideration | | Description of the Issue (Please enter as much text as necessary to describe the reason you believe there was a Miscalculation and/or that incorrect data were used) |
|--|-----------------------|-----------------------------|----------------|---|
| | | Miscalculation | Incorrect Data | |
| D01-Call Center – Foreign Language Interpreter and TTY Availability | Call Center | | | |
| D02-Complaints about the Drug Plan | CTM | Not Applicable | Not Applicable | Not appealable, use Part C measure C25 above. |
| D03-Members Choosing to Leave the Plan | MBDSS | Not Applicable | Not Applicable | Not appealable, use Part C measure C26 above. |
| D04-Drug Plan Quality Improvement | Star Ratings | | Not Appealable | |
| D05-Rating of Drug Plan | CAHPS | | Not Appealable | |
| D06-Getting Needed Prescription Drugs | CAHPS | | Not Appealable | |
| D07-MPF Price Accuracy | PDE, MPF Pricing | | Not Appealable | |
| D08-Medication Adherence for Diabetes Medications | PDE | | Not Appealable | |
| D09-Medication Adherence for Hypertension (RAS antagonists) | PDE | | Not Appealable | |
| D10-Medication Adherence for Cholesterol (Statins) | PDE | | Not Appealable | |
| D11-MTM Program Completion Rate for CMR | Part D Plan Reporting | | Not Appealable | |
| D12-Statin Use in Persons with Diabetes (SUPD) | PDE data | | Not Appealable | |
| Additional Comments (Please provide any additional information relevant to your request) | | | | |

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1129 and form number CMS-10346 (Expires: 8/31/2024). The time required to complete this information collection is estimated to average 8 hours, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C-1-25-05, Baltimore, Maryland 21244-1850.

From: [CMS QBPAPPEALS](#)
To: [Medicare CO](#)
Cc: [Turano, Michelle](#); [Knodel, Sarah](#); [SHamilton@reedsmith.com](#); [LParkin@reedsmith.com](#); [LReynolds@reedsmith.com](#); [Galle, Robert C.](#); [Dewane, Jennifer](#); [Pick, Keith](#)
Subject: RE: R4487 - Reconsideration Submission
Date: Thursday, February 22, 2024 4:52:00 PM
Attachments: [Attachment-Informal Hearing Form 2025 2.xlsm](#)
[image001.png](#)
[QBP Decision Letter Elevance Health- R4487.pdf](#)

Attached please see information related to your Request for Reconsideration.

From: Medicare CO <MedicareCO@anthem.com>
Sent: Friday, November 17, 2023 2:27 PM
To: CMS QBPAPPEALS <QBPAPPEALS@cms.hhs.gov>
Cc: Medicare CO <MedicareCO@anthem.com>; Turano, Michelle <michelle.turano@elevancehealth.com>; Knodel, Sarah <sarah.knodel@elevancehealth.com>; SHamilton@reedsmith.com; LParkin@reedsmith.com; LReynolds@reedsmith.com; Galle, Robert C. <robert.galle@elevancehealth.com>; Dewane, Jennifer <Jennifer.Dewane@elevancehealth.com>; Pick, Keith <keith.pick2@elevancehealth.com>
Subject: R4487 - Reconsideration Submission

Good Afternoon,

Pursuant to 42 C.F.R. § 422.260, Elevance Health seeks reconsideration of the Star ratings and quality bonus payment determinations of the above-referenced contract. In support of this request, attached hereto is the Reconsideration Form and supporting evidence. We kindly ask that you confirm receipt of this submission via response email.

Thank you.



Michelle Turano

Vice President, Compliance - Government Business Division
Medicare & Medicaid Compliance Officer
5411 Sky Center Dr., Tampa, Florida 33607
Phone: 813-295-1367
Michelle.turano@elevancehealth.com

You can confidentially report a compliance issue by calling the Helpline at 877-725-2702.

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DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
7500 SECURITY BOULEVARD
BALTIMORE, MARYLAND 21244-1850



CENTER FOR MEDICARE

February 22, 2024

Reconsideration Determination for R4487

Dear Ms. Turano,

Elevance Health's contract R4487 requested an administrative reconsideration of its 2025 Quality Bonus Payment (QBP) determination. The request was based on the 2024 Star Ratings for the Overall Rating and Call Center – Foreign Language Interpreter and TTY Availability (D01) measure. I reviewed the QBP determination, the evidence, and findings upon which the initial determination was based, and the additional information your organization submitted. As a result of my review, CMS will update the QBP rating for R4487 to 4 stars. **This reconsideration decision is final and binding unless a request for an informal hearing is filed in accordance with the instructions provided in this reconsideration decision notice.**

With respect to call number C1201004, I have no decision to make because R4487 already has a 5 Star Rating for C30, the measure into which this specific call factors. There is no possible change to this Star Rating, so I have no decision to render. With respect to call number D2000386, I have determined that the call should be removed from the results. In this call, "the chat window closed unexpectedly while waiting on the live screen." I do not find that CMS has demonstrated that the reason for this closure could be associated with the 711 relay service. With no clearly identified failure by Elevance's selected service, I cannot attribute the failure to Elevance. This would then make the score for D01 a 100% success rate, which merits a 5 Star Rating on D01. This decision renders the issue of cut points for D01 moot and I render no decision on that issue.

The administrative review process is a two-step process that includes a request for reconsideration and a request for an informal hearing on the record. This notice of the contract's reconsideration determination concludes the first step of the administrative review process. If your organization is dissatisfied with this reconsideration decision, the contract may request an informal hearing on the record to be conducted by a hearing officer designated by CMS.

The informal hearing request must pertain only to the measures and values in question that precipitated the request for reconsideration, in this case 2024 Star Ratings for the Overall Rating and Call Center – Foreign Language Interpreter and TTY Availability (D01) measure. The request must include a statement that describes the error(s) the contract asserts CMS made in its QBP determination and how correction of those errors could result in the organization's qualification for a higher QBP. In making the request your organization must

provide clear and convincing evidence that this reconsideration determination is incorrect. The burden is on the MA organization to prove an error was made in the calculation of its QBP. The hearing officer's decision will be final and binding on both the MA organization and CMS.

In the event that the hearing officer finds that your organization's QBP determination was incorrect, CMS will be obligated to recalculate the organization's QBP status based on that finding. The recalculation could cause your organization's QBP to become higher *or lower*. In some instances, the recalculation of the measures may not cause the Star Rating to rise above the cut off for the higher QBP Star Rating.

Pursuant to the MA organization's agreement with CMS, the deadline for providing written notice requesting an informal hearing under 42 C.F.R. § 422.260(c)(2) is five business days from the issuance of this reconsideration decision, not ten days. Request for an informal hearing on the record regarding the 2025 QBP determination is made by completing the Attachment, "Request for an Informal Hearing," and e-mailing the completed form and supporting documentation to QBPAPPEALS@cms.hhs.gov by **5:00 p.m. EST on February 29, 2024. A request for an informal hearing must be submitted by the date and time above or this reconsideration decision is final and binding.** Please ensure you receive confirmation from the mailbox that your request was received.

Any questions regarding this decision may be submitted to QBPAPPEALS@cms.hhs.gov.

Sincerely,

Jeffrey Grant -S

Digitally signed by Jeffrey Grant -S
Date: 2024.02.22 13:56:34 -05'00'

Jeff Grant, CMS Reconsideration Official
Deputy Director for Operations
Center for Consumer Information and Insurance Oversight

Attachment: Request for an Informal Hearing

Attachment B - Request for Informal Hearing

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Due Date: A Request for Informal Hearing is made by completing this form and e-mailing the form to QBPAPPEALS@cms.hhs.gov by 5:00 p.m. EST on **February 29, 2024**. No late requests will be accepted.

| | |
|--|-----------------------|
| Contract Number (5 character CMS assigned code): | |
| Contact First Name (your first name): | |
| Contact Last Name (your last name): | |
| Contact Title (your job title): | |
| Contact Phone Number (your phone number, include extension if necessary): | |
| Contact email address (your email address): | |
| Overall Rating | Star Ratings |
| Request for Reconsideration | |
| Misescalation | |
| Incorrect Data | |
| Not Appealable | |
| Description of the Issue (Please enter as much text as necessary to describe the reason you believe there was a Misescalation and/or that Incorrect data were used) | |
| Request for Reconsideration | |
| Misescalation | |
| Incorrect Data | |
| Not Appealable | |
| Description of the Issue (Please enter as much text as necessary to describe the reason you believe there was a Misescalation and/or that Incorrect data were used) | |
| Part C Measures | Data Source |
| C01-Breast Cancer Screening | HEDIS |
| C02-Colorectal Cancer Screening | HEDIS |
| C03-Annual Flu Vaccine | CAHPS |
| C04-Monitoring Physical Activity | HEDIS / HOS |
| C05-Special Needs Plan (SNP) Care Management | Part C Plan Reporting |
| C06-Care for Older Adults – Medication Review | HEDIS |
| C07-Care for Older Adults – Pain Assessment | HEDIS |
| C08-Osteoporosis Management in Women who had a Fracture | HEDIS |
| C09-Diabetes Care – Eye Exam | HEDIS |
| C10-Diabetes Care – Blood Sugar Controlled | HEDIS |
| C11-Controlling Blood Pressure | HEDIS |
| C12-Reducing the Risk of Falling | HEDIS / HOS |
| C13-Improving Bladder Control | HEDIS / HOS |
| C14-Medication Reconciliation Post-Discharge | HEDIS |
| C15-Plan All-Cause Readmissions | HEDIS |
| C16-Statins Therapy for Patients with Cardiovascular Disease | HEDIS |
| C17-Transitions of Care | HEDIS |
| C18-Follow-up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions | HEDIS |
| C19-Getting Needed Care | CAHPS |
| C20-Getting Appointments and Care Quickly | CAHPS |
| C21-Customer Service | CAHPS |
| C22-Rating of Health Care Quality | CAHPS |
| C23-Rating of Health Plan | CAHPS |
| C24-Care Coordination | CAHPS |
| C25-Complaints about the Health Plan | CTM |
| C26-Members Choosing to Leave the Plan | MBDSS |
| C27-Health Plan Quality Improvement | Star Ratings |
| C28-Plan Makes Timely Decisions about Appeals | IRE |
| C29-Reviewing Appeals Decisions | IRE |
| C30-Call Center – Foreign Language Interpreter and TTY Availability | Call Center |

| Part D Measures | Data Source | Request for Reconsideration | | Description of the Issue (Please enter as much text as necessary to describe the reason you believe there was a Miscalculation and/or that incorrect data were used) |
|--|-----------------------|-----------------------------|----------------|---|
| | | Miscalculation | Incorrect Data | |
| D01-Call Center – Foreign Language Interpreter and TTY Availability | Call Center | | | |
| D02-Complaints about the Drug Plan | CTM | Not Applicable | Not Applicable | Not appealable, use Part C measure C25 above. |
| D03-Members Choosing to Leave the Plan | MBDSS | Not Applicable | Not Applicable | Not appealable, use Part C measure C26 above. |
| D04-Drug Plan Quality Improvement | Star Ratings | | Not Appealable | |
| D05-Rating of Drug Plan | CAHPS | | Not Appealable | |
| D06-Getting Needed Prescription Drugs | CAHPS | | Not Appealable | |
| D07-MPF Price Accuracy | PDE, MPF Pricing | | Not Appealable | |
| D08-Medication Adherence for Diabetes Medications | PDE | | Not Appealable | |
| D09-Medication Adherence for Hypertension (RAS antagonists) | PDE | | Not Appealable | |
| D10-Medication Adherence for Cholesterol (Statins) | PDE | | Not Appealable | |
| D11-MTM Program Completion Rate for CMR | Part D Plan Reporting | | Not Appealable | |
| D12-Statin Use in Persons with Diabetes (SUPD) | PDE data | | Not Appealable | |
| Additional Comments (Please provide any additional information relevant to your request) | | | | |

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1129 and form number CMS-10346 (Expires: 8/31/2024). The time required to complete this information collection is estimated to average 8 hours, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C-1-25-05, Baltimore, Maryland 21244-1850.